

SERFF Tracking Number:	ARKS-125648934	State:	Arkansas
Filing Company:	11579 - Old Glory Insurance Company	State Tracking Number:	#13138 \$100
Company Tracking Number:	AR05132008		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	/		

## Filing at a Glance

Company: 11579 - Old Glory Insurance Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate

SERFF Tr Num: ARKS-125648934 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR05132008

Co Status:

Author:

Date Submitted: 05/15/2008

State Tr Num: #13138 \$100

State Status: Fees received

Reviewer(s): Betty Montesi, Carol  
Stiffler, Brittany Yielding

Disposition Date: 05/16/2008

Disposition Status: Approved

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Effective Date Requested (New): 07/01/2008

Effective Date Requested (Renewal): 07/01/2008

State Filing Description:

## General Information

Project Name:

Project Number:

Reference Organization: NCCI

Reference Title:

Filing Status Changed: 05/16/2008

State Status Changed: 05/15/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

NA NA,

NA

NA, AR 00000

NA@NA.com

(123) 555-4567 [Phone]

### Filing Company Information

SERFF Tracking Number:	ARKS-125648934	State:	Arkansas
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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	/		

11579 - Old Glory Insurance Company	CoCode: 11579	State of Domicile: Texas
P. O. Box 6456	Group Code:	Company Type: Property & Casualty
Tyler, TX 75711-6456	Group Name: 11579	State ID Number:
(803) 509-4929 ext. [Phone]	FEIN Number: 65-1161309	
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<i>SERFF Tracking Number:</i>	<i>ARKS-125648934</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>11579 - Old Glory Insurance Company</i>	<i>State Tracking Number:</i>	<i>#13138 \$100</i>
<i>Company Tracking Number:</i>	<i>AR05132008</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## **Filing Fees**

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

SERFF Tracking Number:	ARKS-125648934	State:	Arkansas
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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/16/2008	05/16/2008

<i>SERFF Tracking Number:</i>	<i>ARKS-125648934</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>11579 - Old Glory Insurance Company</i>	<i>State Tracking Number:</i>	<i>#13138 \$100</i>
<i>Company Tracking Number:</i>	<i>AR05132008</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 05/16/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125648934 State: Arkansas

Filing Company: 11579 - Old Glory Insurance Company State Tracking Number: #13138 \$100

Company Tracking Number: AR05132008

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	ARKS-125648934		Yes

<i>SERFF Tracking Number:</i>	<i>ARKS-125648934</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>11579 - Old Glory Insurance Company</i>	<i>State Tracking Number:</i>	<i>#13138 \$100</i>
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<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ARKS-125648934</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>11579 - Old Glory Insurance Company</i>	<i>State Tracking Number:</i>	<i>#13138 \$100</i>
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<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	ARKS-125648934	<b>Review Status:</b>	05/19/2008
<b>Comments:</b>			
<b>Attachment:</b>			
ARKS-125648934.pdf			

## Property &amp; Casualty Transmittal Document

Reset Form

CS

**1. Reserved for Insurance Dept. Use Only**

Approved until withdrawn or revoked

JUL 01 2008

Arkansas Insurance Department  
By: *MCS*

**2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business	
Renewal Business	

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

<b>3. Group Name</b>					<b>Group NAIC #</b>
None					0000

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Old Glory Insurance Company	Texas	11579	65-1161309	2865

<b>5. Company Tracking Number</b>	AR05132008
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Robert B. Henderson Old Glory Insurance Company	President	903-509-4929	903-509-4967	bob.henderson@oldgloryinsurance.com
P. O. Box 6456 Tyler, TX 75711-6456		888-838-6404		
<b>7. Signature of authorized filer</b>		<i>Robert B. Henderson</i>		
<b>8. Please print name of authorized filer</b>		Robert B. Henderson		

RECEIVED

## Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	16.0 Workers Compensation	MAY 15 2008
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0004 Standard WC	
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>		PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT
<b>12. Company Program Title (Marketing title)</b>		
<b>13. Filing Type</b>	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)	
<b>14. Effective Date(s) Requested</b>	New: 07/01/2008   Renewal: 07/01/2008	
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>16. Reference Organization (if applicable)</b>	NCCI	
<b>17. Reference Organization # &amp; Title</b>	AR-2008-06 04/28/2008	
<b>18. Company's Date of Filing</b>	05/13/2008	
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AR05132008
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Old Glory Insurance Company has adopted and is filing by reference the loss costs, without deviation, filed by NCCI. Approval Circular AR-2008-06 released 04/28/2008. The proposed effective date is 07/01/2008.

The Company's Loss Cost Multiplier filed 4/11/2008 will be applicable to future filings.

This reference filing is not utilizing SERFF.

[View Complete Filing Description](#)

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:	13138
Amount:	100.00

Loss cost adoption effective 07/01/2008.

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

## **TABLE OF CONTENTS**

- 1. Form PC TD-1 Property & Casualty Transmittal Document**
- 2. Form PC TD-1 Property & Casualty Transmittal Document  
(duplicate)**
- 3. Form PC RRFS-1 Rate/Rule Filing Schedule**
- 4. Form RF-WC Workers' Compensation Rate Filing (Filed 4/11/2008)**
  - a. All classifications except 9093.**
  - b. Classification 9093 only.**
- 5. Check #13138 \$100.00 for filing fees**
- 6. Self addressed stamped envelope.**

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING  
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE  
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE 04/11/2008

Page 1 of 2

1. INSURER NAME Old Glory Insurance Company  
ADDRESS 501 Shelley Drive, Suite 160  
Tyler, TX 75701  
PERSON RESPONSIBLE FOR FILING Robert B. Henderson  
TITLE President TELEPHONE NO. 903-509-4929  
INSURER NAIC NO. 11579 GROUP NO. 0000
3. ADVISORY ORGANIZATION NCCI
4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2007-10
5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.
6. A. PROPOSED RATE LEVEL CHANGE New % EFFECTIVE DATE 05/15/2008  
B. PROPOSED PREMIUM LEVEL CHANGE \_\_\_\_\_ % EFFECTIVE DATE \_\_\_\_\_
7. A. PRIOR RATE LEVEL CHANGE \_\_\_\_\_ % EFFECTIVE DATE \_\_\_\_\_  
B. PRIOR PREMIUM LEVEL CHANGE \_\_\_\_\_ % EFFECTIVE DATE \_\_\_\_\_
8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" (RF-WC page 2)  
(Use a separate summary for each insurer-selected loss cost multiplier.)
9. CHECK ONE OF THE FOLLOWING:  
(x) The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organizations' prospective loss costs for this line insurance. The insurer's rates will be the combination of the advisory organizations' prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.  
  
( ) The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference filing.

ARKANSAS INSURANCE DEPARTMENT  
**WORKERS COMPENSATION INSURER RATE FILING**  
**ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE**  
**LOSS COSTS SUMMARY OF SUPPORTING INFORMATION**  
**FORM CALCULATION OF COMPANY LOSS MULTIPLIER**

Page 2 of 2

INSURER NAME Old Glory Insurance Company DATE 04/11/2008  
INSURER NAIC NO. 11579 GROUP NO. 0000

1. Does this filing apply to all classes contained in item 4 of the Reference Filing Adoption Form?  
( ) Yes (x) No If No, for each affected class attach Page 2 of form RF-WC with appropriate justification. All classifications except 9093

2. Loss Cost Modification:  
A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:  
(CEHCK ONE)  
(x) without Modification (factor = 1.000)  
( ) With the following modification(s). (Cite the nature and percent modification, and attach supporting and/or rationale for the modification).  
B. Loss Cost Modification Expressed as a Factor: (See Examples Below)

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)  
PROJECTED EXPENSES: Compared to standard premium at company rates.

	Selected Provisions
A. Total Production Expense	13.00 %
B. General Expense	15.00 %
C. Taxes, Licenses & Fees	4.53 %
D. Underwriting Profit & contingencies*	-7.35 %
E. Other (explain)	%
F. TOTAL	25.18 %

\*Explain how investment income is taken into account.

4. A. Expected Loss and Loss Adjustment Expense Ratio:  
ELR = 100% - 3F = 74.82 %  
B. ELR in Decimal Form .7482
5. Overall Impact of Expense constant and Minimum Premiums:  
(A 2.3% impact would be expressed as 1.023.) 1.008
6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation  
Recognition in Retrospective Rating:  
(An 8.67% average discount would be expressed as 0.914.) .934
7. Company Formula Loss Cost Multiplier:  
(2B/[6-3F0 x 5]) = 1.455
8. Company Selected Loss Cost Multiplier = 1.437  
Explain any differences between 7 and 8:

9. Are you amending your minimum premium formula? If yes attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc. YES ( ) NO (x)
10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. ( ) (x)

LOSS COST MULTIPLIER WILL BE APPLICABLE  
TO FUTURE FILINGS.

ARKANSAS INSURANCE DEPARTMENT

**WORKERS COMPENSATION INSURER RATE FILING  
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE  
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION  
FORM CALCULATION OF COMPANY LOSS MULTIPLIER**

**Page 2 of 2**

INSURER NAME Old Glory Insurance Company DATE 04/11/2008  
INSURER NAIC NO. 11579 GROUP NO. 0000

1. Does this filing apply to all classes contained in item 4 of the Reference Filing Adoption Form?  
( ) Yes (x) No If No, for each affected class attach Page 2 of form RF-WC with appropriate justification. Class 9093 only.

2. Loss Cost Modification:  
A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:  
(CEHCK ONE)  
(x) without Modification (factor = 1.000)  
( ) With the following modification(s). (Cite the nature and percent modification, and attach supporting and/or rationale for the modification).  
B. Loss Cost Modification Expressed as a Factor: \_\_\_\_\_ (See Examples Below)

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)  
PROJECTED EXPENSES: Compared to standard premium at company rates.

	Selected Provisions
A. Total Production Expense	13.00 %
B. General Expense	15.00 %
C. Taxes, Licenses & Fees	4.53 %
D. Underwriting Profit & contingencies*	-13.00 %
E. Other (explain)	%
F. TOTAL	19.53 %

\*Explain how investment income is taken into account.

4. A. Expected Loss and Loss Adjustment Expense Ratio:  
ELR = 100% - 3F = 80.47 %  
B. ELR in Decimal Form .8047
5. Overall Impact of Expense constant and Minimum Premiums:  
(A 2.3% impact would be expressed as 1.023.) 1.008
6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation  
Recognition in Retrospective Rating:  
(An 8.67% average discount would be expressed as 0.914.) .934
7. Company Formula Loss Cost Multiplier:  
(2B/[6-3F0 x 5]) = 1.343
8. Company Selected Loss Cost Multiplier = 1.337  
Explain any differences between 7 and 8: \_\_\_\_\_

9. Are you amending your minimum premium formula? If yes attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc. YES NO  
( ) (x)
10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. ( ) (x)

*LOSS COST MULTIPLIER WILL BE APPLICABLE  
TO FUTURE FILINGS.*

## Carol Stiffler

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**From:** Bob Henderson [Bob.Henderson@oldgloryinsurance.com]  
**Sent:** Thursday, May 15, 2008 3:54 PM  
**To:** Carol Stiffler  
**Subject:** RE: Old Glory Insurance Co Filing #AR05132008  
**Attachments:** NCCI Circular AR-2008-02.pdf

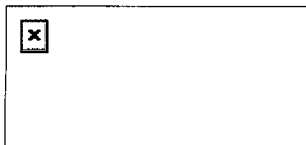
Please bear with me. I am still new at the rate and form filing process. The filing number I found is AR-2008-02. The Circular # and filing # are very similar. I have attached the NCCI Circular that indicates AR-2008-02 is the filing number. The SERFF # is ARKS-125593101 and the state tracking number is 2050822 \$100.

Please let me know if this is the number you need. Thank you for your help.

Bob

## Robert B. Henderson

President



(903) 509-4929 (888) 838-6404

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**From:** Carol Stiffler [mailto:Carol.Stiffler@arkansas.gov]  
**Sent:** Thursday, May 15, 2008 2:12 PM  
**To:** Bob Henderson  
**Subject:** RE: Old Glory Insurance Co Filing #AR05132008

You can email to me. A reply to my email with the Item Filing # is fine.

Carol Stiffler  
Arkansas Insurance Dept.  
Property & Casualty Division  
1200 W. 3rd St.  
Little Rock, AR 72201-1904  
501-371-2807  
501-371-2748 (FAX)  
carol.stiffler@arkansas.gov

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**From:** Bob Henderson [mailto:Bob.Henderson@oldgloryinsurance.com]  
**Sent:** Thursday, May 15, 2008 2:02 PM  
**To:** Carol Stiffler  
**Subject:** RE: Old Glory Insurance Co Filing #AR05132008

Thank you, I will find the correct filing #. Can I email it to you or do I need to prepare a new PC TD-1?

## Robert B. Henderson

President

5/16/2008



(903) 509-4929 (888) 838-6404

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**From:** Carol Stiffler [mailto:Carol.Stiffler@arkansas.gov]

**Sent:** Thursday, May 15, 2008 1:59 PM

**To:** Bob Henderson

**Subject:** Old Glory Insurance Co Filing #AR05132008

This will acknowledge receipt of the captioned filing. You indicate that you are adopting Item Filing #AR-2008-06. We have no record of an NCCI filing by that number. I believe that is a Circular # which we cannot accept. The Item Filing # is the unique number that identifies the Item Filing. A circular can refer to multiple filings. Multiple circulars may refer to 1 filing. The item filing number can be located in the body of the circular.

Carol Stiffler  
Arkansas Insurance Dept.  
Property & Casualty Division  
1200 W. 3rd St.  
Little Rock, AR 72201-1904  
501-371-2807  
501-371-2748 (FAX)  
carol.stiffler@arkansas.gov

5/16/2008